

## Alabama Department of Revenue Application to Become a Bulk Filer

Name:		
Address:		
City:	State:	Zip:
Telephone Number: ()	Federal ID Number:	
Contact Person:	Contact's Telephon	e Number: ()
Contact's Fax Number: ()	Contact's E-Mail Address:	
Officers:		
Type of Organization (i.e. Corneration P	Proprietorship, etc.):	
Type of Organization (i.e. Corporation, Fi	торпетогатр, етс.).	
on behalf of Alabama taxpayers. This aptaxpayer in matters involving tax disputes	party agrees to abide by the laws and sta oplication in no way grants power of attorn s. This application does not grant the abo y relationship would exist between the abo	ney for this party to act on behalf of the
third party bulk filer, you have the option	electronically over the Internet using the A to either enter each client's filing informatents. <b>Note: One EFT payment cannot co</b>	ion on-screen or send an electronic file
As a third party bulk filer with the State o	of Alabama, you are required to:	
<ul> <li>Permit the Alabama Departmer</li> </ul>	nt of Revenue to conduct scheduled or un	scheduled audits;
made, the Department will als	venue with a copy of any client contract up so request a copy of a valid power of at e client. The power of attorney must also tly from the Department.	ttorney allowing you to file and/or pay
	venue an electronic initial list of all client d show only additions and deletions.)	s and provide electronic updates on a
	IENTS SHOULD BE REGISTERED WITH RTMENT OF REVENUE AND HAVE VAL	
Department can suspend your registration	s that your continued business operation p on and notify your clients of the suspension e Department determines that you are not	. The Department can also revoke your
Signature of Officer,		

Proprietor, Partner, etc.: